



SURVEILLANCE VIDEO RELEASE FORM

Date	Time	Video Surveillance ID #	File # (if applicable)
Name of School and Community:			
Type of Surveillance Video: <input type="checkbox"/> Tape <input type="checkbox"/> CD <input type="checkbox"/> Disk <input type="checkbox"/> Other (please specify)			
Name and Position of Department Authorized Individual Releasing Surveillance Video (Please Print):			
Information on Individual Receiving Surveillance Video (Please Print):			
Name: _____			
Position: _____			
Agency: _____			
Purpose or Reason for Release:			
ATIPP Coordinator has Approved: <input type="checkbox"/> Yes DATE: _____			
Acknowledgement of Receipt I, the above-named, acknowledge receipt of an NLSchools, video recording.			
Terms of Use This video contains confidential images of your child and indirectly may contain personal information of others. Therefore, the contents of this video are not to be posted on any social media platforms or shared with other individuals other than those in a position of trust working on behalf of you or your child, i.e., the police, insurance company, legal counsel or social worker. CCTV surveillance images can only be disclosed in compliance with the ATIPPA, 2015. Unauthorized disclosure is forbidden.			
Signature:			
Date:			
*A copy of the form must be forwarded to the NLSchools ATIPP Coordinator (Atipp@NLSchools.ca) and a copy must also be provided to the individual taking custody of the surveillance video.			